

ROSE LAKE TOWNSHIP ORDINANCE VIOLATION COMPLAINT FORM

Date of Complaint: _____

Name of Complainant (Optional): _____

Address of Complainant (Optional): _____

Name and Mailing address of alleged violator (if known):

Nature of Complaint (please give as much detail as possible regarding the alleged ordinance violation {e.g., what did you see, what date, can you identify the alleged violators, etc.}):

Address/Approximate Location of Alleged Violation:

Would Complainant Volunteer to Testify if Requested:

Complainant's Signature (Optional): _____

(For Office Use Only)

Complaint substantiated _____ Date _____

Photographs or other evidence of violation? _____

Township Board approval? _____ Date _____

Notice of violation mailed? _____ Date _____

Response? _____ Date _____

Civil infraction citation served? _____ Date _____

Mail filled out forms to: Rose Lake Township Clerk

16879 140th Ave

LeRoy MI 49655

Or Drop off in Drop box at the same address above

Or Email to: rltclerk@gmail.com